

**DECLARATION AND POWER OF ATTORNEY**  
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**COMPOSITIONS, METHODS AND KITS RELATING TO REMODEL**  
the specification of which is attached hereto and/or was filed on October 19, 2000 as Application No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**FOREIGN PRIORITY APPLICATION(S)**

			Priority Claimed [ ] Yes [ ] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

**PROVISIONAL PRIORITY PATENT APPLICATION(S)**

		<b>Priority Claimed</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Application No.)	(Filing Date)	
(Application No.)	(Filing Date)	

And I hereby appoint the registered attorneys and agents associated with **AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**, Customer No. **000570**, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Customer No. **000570**, namely, **AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**, One Commerce Square, 2005 Market Street, Suite 2200, Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to **Raquel M. Alvarez** at 215-965-1286.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole inventor, if any Volkhard Lindner

Inventor's Signature C. Volkhard

Date 11/21/00

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11/21/05  
RF

Full name of second joint inventor, if any Robert E. Friesel

Inventor's Signature Robert E. Friesel

Date 11-02-00

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231, ON THE DATE INDICATED BELOW

BY: Amilla O. Jephcott DATE: 2/20/01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re:	Patent Application of Volkhard Lindner, et al.	: Group Art Unit: 3737
Appln. No.:	09/692,081	: Examiner: To Be Assigned
Filed:	October 19, 2000	:
Title:	COMPOSITIONS, METHODS AND KITS RELATING TO REMODEL	: Attorney Docket : No. 36-13 : (53689-5006)

**REVOCATION AND APPOINTMENT OF ATTORNEY BY ASSIGNEE**

The undersigned states that he/she is authorized to sign the document on behalf of the assignee of the above application, that the evidentiary documents relating to the assignment of the above application have been reviewed, and he /she certifies that, to the best of assignee's knowledge and belief, title to the above application is in assignee by virtue of assignment(s) being transmitted to the Assignment Branch simultaneously herewith for recordation (copy attached).

Maine Medical Center Research Institute, assignee of the above application, by its undersigned representative, hereby revokes all previous Powers of Attorney and appoints the registered attorneys and agents associated with MORGAN, LEWIS & BOCKJUS, L.L.P., Customer No. 009629, as its attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence to Customer No. 009629, namely,  
**MORGAN, LEWIS & BOCKIUS, L.L.P.**, 1701 Market Street, Philadelphia, PA 19103.  
Please direct all communications and telephone calls to **KATHRYN DOYLE, Ph.D., J.D.**, at  
215-963-4723 (telephone) or 215-963-5299 (facsimile).

Respectfully submitted,

**MAINE MEDICAL CENTER  
RESEARCH INSTITUTE**

2/15/01

Date

By:

Title:

**DIRECTOR OF ADMINISTRATION**

1-PH/0364557.1